

BOY SCOUTS OF AMERICA

DATE MARCH 28, 1988FULL NAME JOEL EMMETT RAULERSON SOCIAL SECURITY NUMBER [REDACTED]
(No initials if you can possibly get full name)ADDRESS [REDACTED]CITY AVON PARK STATE FLORIDA ZIP CODE 33825DATE OF BIRTH 6-28-48 (This is important and should be exact)

APPROXIMATE AGE _____ (To be used ONLY when date of birth is not known)

RELIGION _____ NATIONALITY _____

OCCUPATION SALES

EDUCATION _____

WEIGHT 234# HEIGHT 5'10" RACE WCOLOR OF HAIR BRN/GY COLOR OF EYES BLUE

OUTSTANDING CHARACTERISTICS OR INTERESTS _____

MARRIED OR SINGLE MARRIED CHILDREN [REDACTED]
(Number, ages, and names, if possible)NAME OF SPOUSE ?SCOUTING CONNECTIONS:

<u>UNIT #</u>	<u>CITY</u>	<u>STATE</u>	<u>POSITION</u>	<u>DATE REGISTERED</u>	<u>DATE RESIGNED</u>
P 156	AVON PARK	FLORIDA	MC	10/87	3/88

SPECIAL RECOGNITION [REDACTED]

SUSPENDED OR DENIED REGISTRATION FOR FOLLOWING REASONS:

SEXUAL MOLESTATION

SPECIFY THE FACTS WHICH LEAD YOU TO RECOMMEND DENIAL OF REGISTRATION AND LIST ATTACHED SUPPORTING DOCUMENTS (STATE ONLY KNOWN FACTS, NOT RUMOR, CONJECTURE OR SPECULATION):

CONFIDENTIAL

APR 15 1988

F. STARON
RS-509

4/14/83-nah

MAY 13 '88
JOSEPH L. ANGLIMSigned [Signature]

SCOUT EXECUTIVE

Council GULF RIDGE #86

CONF028311

May 16, 1988

Thomas R. Deimler
Scout Executive
Gulf Ridge Council, No. 36

PERSONAL AND CONFIDENTIAL

SUBJECT: Joel Emmett Raulerson

Dear Tom:

Thank you for the detailed information sent concerning the above Scouter. This case has been reviewed with our attorney and is now on our permanent Confidential File.

Sincerely,

Paul Ernst, Director
Registration Service

PE/eko

cc: Southeast Region

READY TO FILE

MAY 16 1988

ERIN O'RILEY

CONF028312



March 15, 1988

Mr. Joel E. Raulerson
[REDACTED]

Avon Park, Florida 33825

Dear Mr. Raulerson:

After careful review, we have decided that your registration with the Boy Scouts of America should be suspended. We are therefore compelled to request that you sever any relations you may have with the Boy Scouts of America. A refund of your registration fee is enclosed.

You should understand that BSA membership registration is a privilege and is not automatically granted to everyone who applies. We reserve the right to suspend registration whenever there is a concern that an individual may not measure up to the high standards of membership the BSA seeks to provide for American youth.

If you wish to have this decision reviewed, please write to me within 60 days of the date of this letter, explaining your version of the facts supporting your claim that your registration as a BSA member should be reinstated. The procedures for review are attached.

Sincerely,

Thomas R. Deimler
Scout Executive

TRD/mc

Enclosure

APPLICANT PROCEDURE FOR REQUESTING REVIEW
OF DECISION DENYING REGISTRATION

1. If registration is refused, the applicant may request a review of this decision. This request must be in the form of a written request from the individual which includes his or her version of the facts supporting the claim that registration should not have been denied.
2. Upon receipt of the written request for review, the president of the local council shall appoint a committee to review the situation.
3. The appointed committee should review the facts as presented, and, in addition, may interview any persons whose testimony might assist the committee in discovering the truth and arriving at a correct decision.
4. A confidential report will be given to the applicant setting forth the decision of the committee.
5. The applicant may - if he or she does not agree with the decision - request a review from the regional director by submitting a written request for such a review within 30 days of the receipt of the local council decision.
6. If the regional review does not satisfy the applicant, he or she may ask for further review by the National Council by submitting a written request for such a review within 30 days of the receipt of the regional decision. The decision by the National Council is final.

OFFICE OF THE STATE ATTORNEY

*Fifth Judicial Circuit of Florida
Serving Marion, Lake, Citrus, Sumter, Hernando Co*



*S. RAY GILL
State Attorney*

*County Office Building
19 NW Pine Avenue
Third Floor
Ocala, Florida 32570
Telephone (904) 622-0352*

*Please Reply To:
Lake County Courthouse
Post Office Box 1086
Tavares, Florida 32778
Telephone (904) 343-9873*

March 1, 1988

Mr. Mark Griffen
c/o Boy Scouts of America
Gulf Ridge Council
P.O.Box 24077
Tampa, FL 33623

Dear Mark:

Please find the enclosed report referring to the Defendant, Joel Raulerson. Any further questions or correspondence would be directed to our Ocala office to the attention of Division Supervisor, Jim Phillips.

Please let me know if there is anything else I can do to help you in this matter.

Sincerely yours,

Richard A. Howard
Richard A. Howard
Division Supervisor
Lake/Sumter Counties

RAH/bk

CONF028315

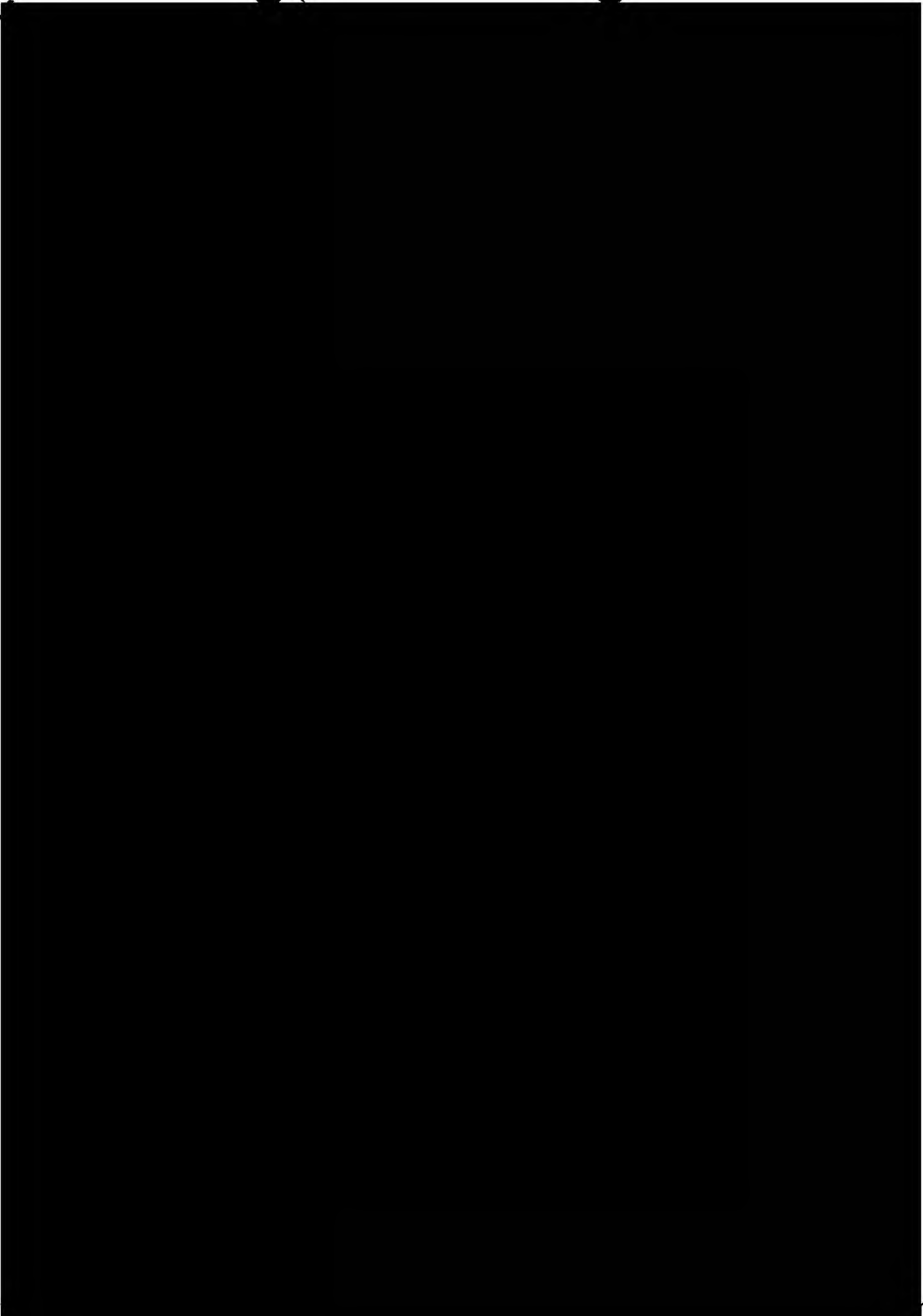


ALL CASES REFERRED TO BY BUREAU OF PRISON

ORIGINATED BY A LARGER OFFENSE

AND OF RECENT

✓



ARREST AFFIDAVIT / FIRST APPEARANCE FORM

Agency ORI Number:		OBTS Number:	
Court Case Number:		Felony _____ Misdemeanor _____ Traffic _____ Juvenile _____ Warrant/CAPIAS _____	
Defendant's Name: Last		First	Middle
KAULERSON		JOEL	EMMA
DOB		SEX	RACE
06-28-48		M	W
Mailing Address: St./P.O. Box		City	
[REDACTED]		AVON	
State		FL	
Zip		33825	
St. Add.: (If different), Street		City	
[REDACTED]		[REDACTED]	
State		FL	
Zip		[REDACTED]	
Place of Employment: Street		City	
[REDACTED]		[REDACTED]	
State		FL	
Zip		[REDACTED]	
Driver Lic. No:		Veh towed by	
[REDACTED]		N/A	
State:		Hold on Vehicle Yes <input type="checkbox"/> No <input type="checkbox"/>	
FL		Agency: N/A	
Arrest Date:		Arrest Time:	
2-16-88		2100	
Arrest Location:		[REDACTED]	
Weapon seized:		Type:	
[REDACTED]		[REDACTED]	
Drug Related <input type="checkbox"/>		Alcohol Related <input type="checkbox"/>	
Charge Description		Cause	
[REDACTED]		[REDACTED]	
Arrest Type		Arrested/Unit	
[REDACTED]		[REDACTED]	
PC <input type="checkbox"/> Capes <input type="checkbox"/> AC <input type="checkbox"/> SW <input type="checkbox"/> PW <input type="checkbox"/> JW <input type="checkbox"/> PU <input type="checkbox"/> Chases <input type="checkbox"/>		Date Issued	
[REDACTED]		[REDACTED]	
Charge Description		Cause	
[REDACTED]		[REDACTED]	
Arrest Type		Arrested/Unit	
[REDACTED]		[REDACTED]	
PC <input type="checkbox"/> Capes <input type="checkbox"/> AC <input type="checkbox"/> SW <input type="checkbox"/> PW <input type="checkbox"/> JW <input type="checkbox"/> PU <input type="checkbox"/> Chases <input type="checkbox"/>		Date Issued	
[REDACTED]		[REDACTED]	
Charge Description		Cause	
[REDACTED]		[REDACTED]	
Arrest Type		Arrested/Unit	
[REDACTED]		[REDACTED]	
PC <input type="checkbox"/> Capes <input type="checkbox"/> AC <input type="checkbox"/> SW <input type="checkbox"/> PW <input type="checkbox"/> JW <input type="checkbox"/> PU <input type="checkbox"/> Chases <input type="checkbox"/>		Date Issued	
[REDACTED]		[REDACTED]	
Name of Third or Fourth (Last, First, Middle)		Residence Phone	
[REDACTED]		[REDACTED]	
Address (Street, Apt. Number)		City	
[REDACTED]		[REDACTED]	
State		Zip	
FL		[REDACTED]	
Modified By: (Name)		Date	
[REDACTED]		[REDACTED]	
Time		Inventor Discussed	
[REDACTED]		[REDACTED]	
1. Handled/Processed Within		1. Turned Over to WFL/CTF	
[REDACTED]		[REDACTED]	

Initial Arrest
Continuation

Court Case No.:

Agency Case No.:

Last Name:

Last

First

Middle

Date of Birth

RAULERSON

JOEL

EMMER

06-28-48

both of the juveniles.

On 1-20-88 sworn depositions were taken

from

regarding this incident. During the course of the deposition [REDACTED] advised that on Fri. Evening 10-5-88 while on their camping trip, he was assigned sleep under a tarp with the def and two other young boys. He further advised that during the course of the night he awakened to find his pants unzipped and the def. fondling his private parts (Penis), with his hand. [REDACTED] advised that this was the only time the def touched his genitals, however, he did learn that the def also had sexual contact with one of the other boys.

During the course of the deposition of [REDACTED] Father, [REDACTED], he advised that the def had messes around with the boys sexually.

Information based on investigation of affiant and sworn statements of the victim and witnesses.

OFFENSE INCIDENT REPORT

Off Number 4 2 0 0 0 0	Agency Name MARION CO. SHERIFF'S DEPT.	Agency Report Number 588-5
Time (hr:min)	Time Occurred (hr:min)	Time Arrived (hr:min)
1:03:00	01/15/88 12:00	01/15/88 12:00
From FRI	To SUN	Officer 00000
Type 1	Description Lewd & Lascivious Act	Statute Violation Number C 8.0 0.0 0.4
City Noble Forest	Zip 33825	NCIC/UCR Code

Noble Forest

on Type 1. Incident-Single 2. Incident-Other 3. Incident-Minor	05 Convenience Store 06 Gas Station 07 Liquor Sales 08 Bar/Nightclub	09 Supermarket 10 Drug/Discount Store 11 Specialty Store 12 Drug Store/Pharmacy	13 Bank/Financial Inst. 14 Commercial/Office Bldg. 15 Industrial/Mfg. 16 Storage	17 Gov't/Public Bldg. 18 School/University 19 Jail/Prison 20 Religious Bldg.	21 Airport 22 Bus/Highway Terminal 23 Construction Site 24 Other Structure	25 Parking Lot/Chow 26 Highway/Roadway 27 Water/Waterway 28 Lake/Waterway	29 Motor Vehicle 30 Other Vehicle 31 Other
Code 1. Victim 2. Offender	3. Prem. Ent. 4. Veh. Stolen	5. Type Weapon 6. N/A 7. Handgun 8. Shotgun 9. Rifle 10. Firearm	11. Race 12. N/A 13. W. White 14. B. Black 15. O. Other	16. Sex 17. N/A 18. M. Male 19. F. Female 20. U. Unknown	21. Residence Type 22. 0. N/A 23. 1. City 24. 2. County	25. Residence Status 26. 0. N/A 27. 1. Full Year 28. 2. Part Year 29. 3. Non-Resident	30. Extent of Injury 31. 0. None 32. 1. Minor 33. 2. Serious 34. 3. Fatal
35. Type 36. 0. Laceration 37. 1. A 38. 2. B 39. 3. C 40. 4. D 41. 5. E 42. 6. F 43. 7. G 44. 8. H 45. 9. I 46. 10. J 47. 11. K 48. 12. L 49. 13. M 50. 14. N 51. 15. O 52. 16. P 53. 17. Q 54. 18. R 55. 19. S 56. 20. T 57. 21. U 58. 22. V 59. 23. W 60. 24. X 61. 25. Y 62. 26. Z	63. 0. Laceration 64. 1. A 65. 2. B 66. 3. C 67. 4. D 68. 5. E 69. 6. F 70. 7. G 71. 8. H 72. 9. I 73. 10. J 74. 11. K 75. 12. L 76. 13. M 77. 14. N 78. 15. O 79. 16. P 80. 17. Q 81. 18. R 82. 19. S 83. 20. T 84. 21. U 85. 22. V 86. 23. W 87. 24. X 88. 25. Y 89. 26. Z	91. 0. Laceration 92. 1. A 93. 2. B 94. 3. C 95. 4. D 96. 5. E 97. 6. F 98. 7. G 99. 8. H 100. 9. I 101. 10. J 102. 11. K 103. 12. L 104. 13. M 105. 14. N 106. 15. O 107. 16. P 108. 17. Q 109. 18. R 110. 19. S 111. 20. T 112. 21. U 113. 22. V 114. 23. W 115. 24. X 116. 25. Y 117. 26. Z	118. 0. Laceration 119. 1. A 120. 2. B 121. 3. C 122. 4. D 123. 5. E 124. 6. F 125. 7. G 126. 8. H 127. 9. I 128. 10. J 129. 11. K 130. 12. L 131. 13. M 132. 14. N 133. 15. O 134. 16. P 135. 17. Q 136. 18. R 137. 19. S 138. 20. T 139. 21. U 140. 22. V 141. 23. W 142. 24. X 143. 25. Y 144. 26. Z	145. 0. Laceration 146. 1. A 147. 2. B 148. 3. C 149. 4. D 150. 5. E 151. 6. F 152. 7. G 153. 8. H 154. 9. I 155. 10. J 156. 11. K 157. 12. L 158. 13. M 159. 14. N 160. 15. O 161. 16. P 162. 17. Q 163. 18. R 164. 19. S 165. 20. T 166. 21. U 167. 22. V 168. 23. W 169. 24. X 170. 25. Y 171. 26. Z	172. 0. Laceration 173. 1. A 174. 2. B 175. 3. C 176. 4. D 177. 5. E 178. 6. F 179. 7. G 180. 8. H 181. 9. I 182. 10. J 183. 11. K 184. 12. L 185. 13. M 186. 14. N 187. 15. O 188. 16. P 189. 17. Q 190. 18. R 191. 19. S 192. 20. T 193. 21. U 194. 22. V 195. 23. W 196. 24. X 197. 25. Y 198. 26. Z	199. 0. Laceration 200. 1. A 201. 2. B 202. 3. C 203. 4. D 204. 5. E 205. 6. F 206. 7. G 207. 8. H 208. 9. I 209. 10. J 210. 11. K 211. 12. L 212. 13. M 213. 14. N 214. 15. O 215. 16. P 216. 17. Q 217. 18. R 218. 19. S 219. 20. T 220. 21. U 221. 22. V 222. 23. W 223. 24. X 224. 25. Y 225. 26. Z	

Avon Pk

FL 33825

RAULERSON, JOEL EMMETT

FL 33825

Officer's License State/Number	Immigration and Naturalization Number	Other ID Number	Offense Number (Assigned)
		FB1 # 443332x9	
Clothing (Describe)	Scarves/Marks/Tattoos (Location/Describe)		
Weight 160	Height 5'10"	Eye Color Blue	Hair Color Brown
Build LG	Speech/Voice	Hair Length	Hair Style

PRELIMINARY INVESTIGATION REVEALS THAT BETWEEN 01-13-88 AT 2000 HOURS AND 01-17-88 AT 1200 HOURS AT FABLES PARK AND HOPKINS PLACE IN THE OLIVE NATIONAL FOREST JOEL RAULERSON IS ALLEGED TO HAVE COMMITTED LEWD AND LASCIVIOUS ACTS ON A JUVENILE, [REDACTED] WITH DUB [REDACTED] BY FOWLING HIS PENIS WHILE ON A BOAT SCOUT CAMPING EXCURSION.

(a) Reporting	(b) Number	Date
	432	1-22-88
Officer Reviewing (If Applicable)	Reviewed To	Assigned To
Date Sent	Offense Type	Arrest Number
01/22/88	1. Lewd & Lascivious Act	
	2. Exceptional	
	3. Death of Offender	
	4. VAW Refused to	
	5. Prosecutor Declined	
	6. Unsubstantiated No Custody	
	Offense Number	Page 1 of 1

Defendant Name: Last First Middle Date of Birth
Raulerson, Joel Emmett 06-28-48

SWORN to and SUBSCRIBED before me
this 10 day of Feb
1988
Notary Public - Certified Office
(circle one)

AFFIANT
ARRESTING AGENCY

SEAL:

Based upon the foregoing Affidavit and/or Sworn Testimony of _____
the undersigned finds and determines:

- ☐ As to charge(s) _____, that there was at the time of arrest and is probable cause to believe the defendant has committed the offense with which he/she is accused and it is hereby Ordered and Adjudged that defendant is to be detained or post bond as otherwise affixed pending further proceedings.
- ☐ As to charge(s) _____, that there is a lack of evidence that the defendant committed the offense with which he/she is accused, and it is hereby Ordered and Adjudged that the Sheriff or Chief of Police having custody is directed to forthwith release defendant from custody on defendant's own recognizance, subject to defendant appearing at all subsequent court proceedings upon proper notice.
- ☐ As to charge(s) _____, that it is hereby Ordered and Adjudged the matter of probable cause is hereby continued until the next First Appearance Hearing after date hereat, at which Hearing the Arresting Agency shall present any further proof of probable cause that it may possess.

DONE AND ORDERED this _____ day of _____, 19____.

FIRST APPEARANCE ORDER

Judge

above named Defendant was brought before the undersigned on this date at _____ o'clock, _____ M., for a first appearance hearing and the undersigned thereupon informed him/her of the charge against him/her and provided him/her with a copy thereof and also adequately advised him/her that (1) he/she was not required to say anything and that anything he/she did say might be used against him/her, (2) if he/she was financially unable to afford an attorney that the Court would appoint one to represent him/her, and (3) he/she had the right to communicate with his/her attorney, his/her family, or his/her friends, and if necessary reasonable means would be provided to enable him/her to do so; and the undersigned having considered all available relevant factors necessary to determine whether bail is necessary to assure Defendant's future appearance, and found that same is _____ necessary, it is upon consideration thereof ORDERED AND ADJUDGED that the Defendant

- ☐ Be released on his/her own recognizance upon the condition that he/she appear as agreed below.
- ☐ Be admitted to bail in the amount of \$_____ as to charge A, \$_____ as to charge B, and \$_____ as to charge C, upon the condition that he/she appear as agreed below.

DONE AND ORDERED this _____ day of _____, 19____, at _____
County, Florida.

OATH OF INDIGENCY

Judge

The above named Defendant personally appeared before me and, being duly sworn, states:

- (1) I am the Defendant above named and desire the assistance of counsel in these proceedings.
- (2) I represent to the court, under penalty of perjury, that I am without money or means with which to employ a lawyer. I have no assets which could be converted to cash, mortgaged or pledged to raise sufficient funds to employ a lawyer.
- (3) Pursuant to Section 27.56, Florida Statutes, I understand that in the event I am found guilty of a criminal act, I may be civilly liable for Court costs and a reasonable attorney's fee incurred in my defense. I further understand that I shall have the opportunity to be heard and offer objections to the determination of the value of the services of the Public Defender or appointed private counsel, and costs, at the time of the final disposition of my case.

DATED: _____, 19____.

SWORN TO AND SUBSCRIBED BEFORE

Defendant

ME THIS _____ DAY OF _____
19____.

Deputy Clerk/Judge

ORDER OF INDIGENCY AND APPOINTMENT OF PUBLIC DEFENDER

The above named Defendant appearing in Open Court, and the said Defendant having filed in this Court his Affidavit of Indigency; and testimony having been taken before this Court; and the Court being otherwise fully advised in the premises, it is thereupon:

ORDERED AND ADJUDGED as follows:

- 1 That the Defendant be, and he/she is hereby declared to be indigent within the meaning of Rule 3.111 (b)(4) of the Florida Rules of Criminal Procedure; and
- 2 That the office of the Public Defender for the Fifth Judicial Circuit in and for _____ County Florida, or _____, a private counsel, is hereby appointed to represent said Defendant in the above-styled cause and in any other controversy pending between the State of Florida and the said Defendant.

DONE AND ORDERED this _____ day of _____, 19____, at _____, County Florida.

Judge

DETERMINATION OF SOLVENCY

The undersigned determines that the Defendant is solvent, is not indigent within the meaning of Rule 3.111 (b)(4) FRCP and is not entitled to the services of the Office of the Public Defender.

Judge

I hereby represent to the Court that I do not desire the services of the Office of the Public Defender and that I will employ private counsel.

Defendant

AGREEMENT TO APPEAR

I hereby acknowledge receipt of a copy of the above and I agree and promise to appear at Courtroom _____
County Courthouse, in _____, Florida, on the _____ day
of _____, 19____, at _____ o'clock, _____ M., and at such other times as the Court may order, and also agree to notify the Clerk of the Court, in writing, of my new address should I move from the address below.

Defendant's Attorney

Signature of Defendant

Date

Page 2

Address

PERSON(S) REPORT

Agency: ☒ Original ☐ Supplemental

ADM	Agency ORI Number 4 2 0 0 0 0	Agency Name MARION CO. SHERIFF'S DEPT.	Agency Report Number 588-5150																																																																																																																																																																																																																																																																																																	
COULS	<div style="background-color: black; height: 20px; width: 100%;"></div>																																																																																																																																																																																																																																																																																																			
VICTIM/WITNESS	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">Reporting Person</td> <td style="width:15%;">L.E. Officer</td> <td style="width:15%;">Church</td> <td style="width:15%;">8-Block</td> <td style="width:15%;">U-Unknown</td> <td style="width:15%;">F-Female</td> <td style="width:15%;">U-Unknown</td> <td style="width:15%;">2-County</td> </tr> <tr> <td>Injury Type</td> <td>30. Laceration</td> <td>37. Loss of Teeth</td> <td>Victim Relationship</td> <td>To Offender</td> <td>38. Parent</td> <td>10. Step-Child</td> <td>14. Teacher</td> </tr> <tr> <td>00. N/A</td> <td>34. Unconscious</td> <td>38. Burns</td> <td>00. N/A</td> <td>01. Spouse</td> <td>07. Brother/Sister</td> <td>11. In-Law</td> <td>15. Child of Boy/Girl</td> </tr> <tr> <td>01. Gunshot</td> <td>35. Poison, Broken Bones</td> <td>39. Abrasion/Scrub</td> <td>01. Undergarment</td> <td>24. Ex-Spouse</td> <td>34. Child</td> <td>12. Other Family</td> <td>16. Neighbor</td> </tr> <tr> <td>02. Strangled</td> <td>36. Other</td> <td>40. Other</td> <td>02. Stranger</td> <td>25. Unknown</td> <td>39. Step-Parent</td> <td>13. Student</td> <td>17. Friend</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>18. Neighbor</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>19. Sister/Boy Care</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>20. Employee</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>21. Employer</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>22. Landlord/Tenant</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>23. Acquaintance</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>24. Other Known</td> </tr> </table>				Reporting Person	L.E. Officer	Church	8-Block	U-Unknown	F-Female	U-Unknown	2-County	Injury Type	30. Laceration	37. Loss of Teeth	Victim Relationship	To Offender	38. Parent	10. Step-Child	14. Teacher	00. N/A	34. Unconscious	38. Burns	00. N/A	01. Spouse	07. Brother/Sister	11. In-Law	15. Child of Boy/Girl	01. Gunshot	35. Poison, Broken Bones	39. Abrasion/Scrub	01. Undergarment	24. Ex-Spouse	34. Child	12. Other Family	16. Neighbor	02. Strangled	36. Other	40. Other	02. Stranger	25. Unknown	39. Step-Parent	13. Student	17. Friend								18. Neighbor								19. Sister/Boy Care								20. Employee								21. Employer								22. Landlord/Tenant								23. Acquaintance								24. Other Known																																																																																																																																																																																																
Reporting Person	L.E. Officer	Church	8-Block	U-Unknown	F-Female	U-Unknown	2-County																																																																																																																																																																																																																																																																																													
Injury Type	30. Laceration	37. Loss of Teeth	Victim Relationship	To Offender	38. Parent	10. Step-Child	14. Teacher																																																																																																																																																																																																																																																																																													
00. N/A	34. Unconscious	38. Burns	00. N/A	01. Spouse	07. Brother/Sister	11. In-Law	15. Child of Boy/Girl																																																																																																																																																																																																																																																																																													
01. Gunshot	35. Poison, Broken Bones	39. Abrasion/Scrub	01. Undergarment	24. Ex-Spouse	34. Child	12. Other Family	16. Neighbor																																																																																																																																																																																																																																																																																													
02. Strangled	36. Other	40. Other	02. Stranger	25. Unknown	39. Step-Parent	13. Student	17. Friend																																																																																																																																																																																																																																																																																													
							18. Neighbor																																																																																																																																																																																																																																																																																													
							19. Sister/Boy Care																																																																																																																																																																																																																																																																																													
							20. Employee																																																																																																																																																																																																																																																																																													
							21. Employer																																																																																																																																																																																																																																																																																													
							22. Landlord/Tenant																																																																																																																																																																																																																																																																																													
							23. Acquaintance																																																																																																																																																																																																																																																																																													
							24. Other Known																																																																																																																																																																																																																																																																																													
VICTIM/WITNESS	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">Offense Indicator</td> <td style="width:15%;">V/W Code</td> <td style="width:15%;">V. Type</td> <td style="width:15%;">Name (Last, First, Middle)</td> <td style="width:15%;">City</td> <td style="width:15%;">State</td> <td style="width:15%;">Zip</td> <td style="width:15%;">Business Phone</td> </tr> <tr> <td>1. #1</td> <td>1. Both</td> <td>1. Victim</td> <td>[Redacted]</td> <td>[Redacted]</td> <td>[Redacted]</td> <td>33825</td> <td>[Redacted]</td> </tr> <tr> <td>2. #2</td> <td>2. Both</td> <td>2. Witness</td> <td>[Redacted]</td> <td>[Redacted]</td> <td>[Redacted]</td> <td></td> <td></td> </tr> <tr> <td colspan="8">Other Contact Info (Time Available, Inter-Officer, etc.)</td> </tr> <tr> <td colspan="8">Student - Avon Pk H.S. William R. L. Witness</td> </tr> <tr> <td colspan="8">If Victim Type</td> </tr> <tr> <td>1. 1, 2, or 3</td> <td>2. 1, 2, or 3</td> <td>3. 1, 2, or 3</td> <td>4. 1, 2, or 3</td> <td>5. 1, 2, or 3</td> <td>6. 1, 2, or 3</td> <td>7. 1, 2, or 3</td> <td>8. 1, 2, or 3</td> </tr> </table>				Offense Indicator	V/W Code	V. Type	Name (Last, First, Middle)	City	State	Zip	Business Phone	1. #1	1. Both	1. Victim	[Redacted]	[Redacted]	[Redacted]	33825	[Redacted]	2. #2	2. Both	2. Witness	[Redacted]	[Redacted]	[Redacted]			Other Contact Info (Time Available, Inter-Officer, etc.)								Student - Avon Pk H.S. William R. L. Witness								If Victim Type								1. 1, 2, or 3	2. 1, 2, or 3	3. 1, 2, or 3	4. 1, 2, or 3	5. 1, 2, or 3	6. 1, 2, or 3	7. 1, 2, or 3	8. 1, 2, or 3																																																																																																																																																																																																																																								
Offense Indicator	V/W Code	V. Type	Name (Last, First, Middle)	City	State	Zip	Business Phone																																																																																																																																																																																																																																																																																													
1. #1	1. Both	1. Victim	[Redacted]	[Redacted]	[Redacted]	33825	[Redacted]																																																																																																																																																																																																																																																																																													
2. #2	2. Both	2. Witness	[Redacted]	[Redacted]	[Redacted]																																																																																																																																																																																																																																																																																															
Other Contact Info (Time Available, Inter-Officer, etc.)																																																																																																																																																																																																																																																																																																				
Student - Avon Pk H.S. William R. L. Witness																																																																																																																																																																																																																																																																																																				
If Victim Type																																																																																																																																																																																																																																																																																																				
1. 1, 2, or 3	2. 1, 2, or 3	3. 1, 2, or 3	4. 1, 2, or 3	5. 1, 2, or 3	6. 1, 2, or 3	7. 1, 2, or 3	8. 1, 2, or 3																																																																																																																																																																																																																																																																																													
VICTIM/WITNESS	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">Offense Indicator</td> <td style="width:15%;">V/W Code</td> <td style="width:15%;">V. Type</td> <td style="width:15%;">Name (Last, First, Middle)</td> <td style="width:15%;">City</td> <td style="width:15%;">State</td> <td style="width:15%;">Zip</td> <td style="width:15%;">Business Phone</td> </tr> <tr> <td>1. #1</td> <td>1. Both</td> <td>1. Victim</td> <td>[Redacted]</td> <td>[Redacted]</td> <td>[Redacted]</td> <td>33825</td> <td>[Redacted]</td> </tr> <tr> <td>2. #2</td> <td>2. Both</td> <td>2. Witness</td> <td>[Redacted]</td> <td>[Redacted]</td> <td>[Redacted]</td> <td></td> <td></td> </tr> <tr> <td colspan="8">Other Contact Info (Time Available, Inter-Officer, etc.)</td> </tr> <tr> <td colspan="8">Mother of Victim</td> </tr> <tr> <td colspan="8">If Victim Type</td> </tr> <tr> <td>1. 1, 2, or 3</td> <td>2. 1, 2, or 3</td> <td>3. 1, 2, or 3</td> <td>4. 1, 2, or 3</td> <td>5. 1, 2, or 3</td> <td>6. 1, 2, or 3</td> <td>7. 1, 2, or 3</td> <td>8. 1, 2, or 3</td> </tr> </table>				Offense Indicator	V/W Code	V. Type	Name (Last, First, Middle)	City	State	Zip	Business Phone	1. #1	1. Both	1. Victim	[Redacted]	[Redacted]	[Redacted]	33825	[Redacted]	2. #2	2. Both	2. Witness	[Redacted]	[Redacted]	[Redacted]			Other Contact Info (Time Available, Inter-Officer, etc.)								Mother of Victim								If Victim Type								1. 1, 2, or 3	2. 1, 2, or 3	3. 1, 2, or 3	4. 1, 2, or 3	5. 1, 2, or 3	6. 1, 2, or 3	7. 1, 2, or 3	8. 1, 2, or 3																																																																																																																																																																																																																																								
Offense Indicator	V/W Code	V. Type	Name (Last, First, Middle)	City	State	Zip	Business Phone																																																																																																																																																																																																																																																																																													
1. #1	1. Both	1. Victim	[Redacted]	[Redacted]	[Redacted]	33825	[Redacted]																																																																																																																																																																																																																																																																																													
2. #2	2. Both	2. Witness	[Redacted]	[Redacted]	[Redacted]																																																																																																																																																																																																																																																																																															
Other Contact Info (Time Available, Inter-Officer, etc.)																																																																																																																																																																																																																																																																																																				
Mother of Victim																																																																																																																																																																																																																																																																																																				
If Victim Type																																																																																																																																																																																																																																																																																																				
1. 1, 2, or 3	2. 1, 2, or 3	3. 1, 2, or 3	4. 1, 2, or 3	5. 1, 2, or 3	6. 1, 2, or 3	7. 1, 2, or 3	8. 1, 2, or 3																																																																																																																																																																																																																																																																																													
SUSPECT OR MISSING PERSON	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">Offense Indicator</td> <td style="width:15%;">Suspect Code</td> <td style="width:15%;">S-Status</td> <td style="width:15%;">A-Address</td> <td style="width:15%;">Code</td> <td style="width:15%;">Juvenile</td> <td style="width:15%;">Name (Last, First, Middle)</td> <td style="width:15%;">Place of Birth</td> </tr> <tr> <td>1. #1</td> <td>1. Both</td> <td>1. Suspect</td> <td>1. Address</td> <td>1. Code</td> <td>1. Juvenile</td> <td>[Redacted]</td> <td>[Redacted]</td> </tr> <tr> <td>2. #2</td> <td>2. Both</td> <td>2. Suspect</td> <td>2. Address</td> <td>2. Code</td> <td>2. Juvenile</td> <td>[Redacted]</td> <td>[Redacted]</td> </tr> <tr> <td colspan="8">Maiden Name</td> </tr> <tr> <td colspan="8">Last Known Address (Street, Apt. Number)</td> </tr> <tr> <td colspan="8">City</td> </tr> <tr> <td colspan="8">State</td> </tr> <tr> <td colspan="8">Zip</td> </tr> <tr> <td colspan="8">Occupation</td> </tr> <tr> <td colspan="8">Employer/School</td> </tr> <tr> <td colspan="8">Address</td> </tr> <tr> <td colspan="8">Social Security Number</td> </tr> <tr> <td colspan="8">Driver's License State/Number</td> </tr> <tr> <td colspan="8">Immigration and Naturalization Number</td> </tr> <tr> <td colspan="8">Other ID Number</td> </tr> <tr> <td colspan="8">OBTS Number (Arrested)</td> </tr> <tr> <td colspan="8">FOC/MOC</td> </tr> <tr> <td colspan="8">Clothing (Describe)</td> </tr> <tr> <td colspan="8">Scars/Marks/Tattoos (Location/Description)</td> </tr> <tr> <td colspan="8">Race</td> </tr> <tr> <td colspan="8">Sex</td> </tr> <tr> <td colspan="8">Date of Birth or Age</td> </tr> <tr> <td colspan="8">Height</td> </tr> <tr> <td colspan="8">Weight</td> </tr> <tr> <td colspan="8">Eye Color</td> </tr> <tr> <td colspan="8">Hair Color</td> </tr> <tr> <td colspan="8">Hair Length</td> </tr> <tr> <td colspan="8">Hair Style</td> </tr> <tr> <td colspan="8">Complexion</td> </tr> <tr> <td colspan="8">Build</td> </tr> <tr> <td colspan="8">Facial Hair</td> </tr> <tr> <td colspan="8">Teeth</td> </tr> <tr> <td colspan="8">Speech/Voice</td> </tr> <tr> <td colspan="8">Special Identifiers</td> </tr> </table>				Offense Indicator	Suspect Code	S-Status	A-Address	Code	Juvenile	Name (Last, First, Middle)	Place of Birth	1. #1	1. Both	1. Suspect	1. Address	1. Code	1. Juvenile	[Redacted]	[Redacted]	2. #2	2. Both	2. Suspect	2. Address	2. Code	2. Juvenile	[Redacted]	[Redacted]	Maiden Name								Last Known Address (Street, Apt. Number)								City								State								Zip								Occupation								Employer/School								Address								Social Security Number								Driver's License State/Number								Immigration and Naturalization Number								Other ID Number								OBTS Number (Arrested)								FOC/MOC								Clothing (Describe)								Scars/Marks/Tattoos (Location/Description)								Race								Sex								Date of Birth or Age								Height								Weight								Eye Color								Hair Color								Hair Length								Hair Style								Complexion								Build								Facial Hair								Teeth								Speech/Voice								Special Identifiers																							
Offense Indicator	Suspect Code	S-Status	A-Address	Code	Juvenile	Name (Last, First, Middle)	Place of Birth																																																																																																																																																																																																																																																																																													
1. #1	1. Both	1. Suspect	1. Address	1. Code	1. Juvenile	[Redacted]	[Redacted]																																																																																																																																																																																																																																																																																													
2. #2	2. Both	2. Suspect	2. Address	2. Code	2. Juvenile	[Redacted]	[Redacted]																																																																																																																																																																																																																																																																																													
Maiden Name																																																																																																																																																																																																																																																																																																				
Last Known Address (Street, Apt. Number)																																																																																																																																																																																																																																																																																																				
City																																																																																																																																																																																																																																																																																																				
State																																																																																																																																																																																																																																																																																																				
Zip																																																																																																																																																																																																																																																																																																				
Occupation																																																																																																																																																																																																																																																																																																				
Employer/School																																																																																																																																																																																																																																																																																																				
Address																																																																																																																																																																																																																																																																																																				
Social Security Number																																																																																																																																																																																																																																																																																																				
Driver's License State/Number																																																																																																																																																																																																																																																																																																				
Immigration and Naturalization Number																																																																																																																																																																																																																																																																																																				
Other ID Number																																																																																																																																																																																																																																																																																																				
OBTS Number (Arrested)																																																																																																																																																																																																																																																																																																				
FOC/MOC																																																																																																																																																																																																																																																																																																				
Clothing (Describe)																																																																																																																																																																																																																																																																																																				
Scars/Marks/Tattoos (Location/Description)																																																																																																																																																																																																																																																																																																				
Race																																																																																																																																																																																																																																																																																																				
Sex																																																																																																																																																																																																																																																																																																				
Date of Birth or Age																																																																																																																																																																																																																																																																																																				
Height																																																																																																																																																																																																																																																																																																				
Weight																																																																																																																																																																																																																																																																																																				
Eye Color																																																																																																																																																																																																																																																																																																				
Hair Color																																																																																																																																																																																																																																																																																																				
Hair Length																																																																																																																																																																																																																																																																																																				
Hair Style																																																																																																																																																																																																																																																																																																				
Complexion																																																																																																																																																																																																																																																																																																				
Build																																																																																																																																																																																																																																																																																																				
Facial Hair																																																																																																																																																																																																																																																																																																				
Teeth																																																																																																																																																																																																																																																																																																				
Speech/Voice																																																																																																																																																																																																																																																																																																				
Special Identifiers																																																																																																																																																																																																																																																																																																				
SUSPECT OR MISSING PERSON	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">Offense Indicator</td> <td style="width:15%;">Suspect Code</td> <td style="width:15%;">S-Status</td> <td style="width:15%;">A-Address</td> <td style="width:15%;">Code</td> <td style="width:15%;">Juvenile</td> <td style="width:15%;">Name (Last, First, Middle)</td> <td style="width:15%;">Place of Birth</td> </tr> <tr> <td>1. #1</td> <td>1. Both</td> <td>1. Suspect</td> <td>1. Address</td> <td>1. Code</td> <td>1. Juvenile</td> <td>[Redacted]</td> <td>[Redacted]</td> </tr> <tr> <td>2. #2</td> <td>2. Both</td> <td>2. Suspect</td> <td>2. Address</td> <td>2. Code</td> <td>2. Juvenile</td> <td>[Redacted]</td> <td>[Redacted]</td> </tr> <tr> <td colspan="8">Maiden Name</td> </tr> <tr> <td colspan="8">Last Known Address (Street, Apt. Number)</td> </tr> <tr> <td colspan="8">City</td> </tr> <tr> <td colspan="8">State</td> </tr> <tr> <td colspan="8">Zip</td> </tr> <tr> <td colspan="8">Occupation</td> </tr> <tr> <td colspan="8">Employer/School</td> </tr> <tr> <td colspan="8">Address</td> </tr> <tr> <td colspan="8">Social Security Number</td> </tr> <tr> <td colspan="8">Driver's License State/Number</td> </tr> <tr> <td colspan="8">Immigration and Naturalization Number</td> </tr> <tr> <td colspan="8">Other ID Number</td> </tr> <tr> <td colspan="8">OBTS Number (Arrested)</td> </tr> <tr> <td colspan="8">FOC/MOC</td> </tr> <tr> <td colspan="8">Clothing (Describe)</td> </tr> <tr> <td colspan="8">Scars/Marks/Tattoos (Location/Description)</td> </tr> <tr> <td colspan="8">Race</td> </tr> <tr> <td colspan="8">Sex</td> </tr> <tr> <td colspan="8">Date of Birth or Age</td> </tr> <tr> <td colspan="8">Height</td> </tr> <tr> <td colspan="8">Weight</td> </tr> <tr> <td colspan="8">Eye Color</td> </tr> <tr> <td colspan="8">Hair Color</td> </tr> <tr> <td colspan="8">Hair Length</td> </tr> <tr> <td colspan="8">Hair Style</td> </tr> <tr> <td colspan="8">Complexion</td> </tr> <tr> <td colspan="8">Build</td> </tr> <tr> <td colspan="8">Facial Hair</td> </tr> <tr> <td colspan="8">Teeth</td> </tr> <tr> <td colspan="8">Speech/Voice</td> </tr> <tr> <td colspan="8">Special Identifiers</td> </tr> </table>				Offense Indicator	Suspect Code	S-Status	A-Address	Code	Juvenile	Name (Last, First, Middle)	Place of Birth	1. #1	1. Both	1. Suspect	1. Address	1. Code	1. Juvenile	[Redacted]	[Redacted]	2. #2	2. Both	2. Suspect	2. Address	2. Code	2. Juvenile	[Redacted]	[Redacted]	Maiden Name								Last Known Address (Street, Apt. Number)								City								State								Zip								Occupation								Employer/School								Address								Social Security Number								Driver's License State/Number								Immigration and Naturalization Number								Other ID Number								OBTS Number (Arrested)								FOC/MOC								Clothing (Describe)								Scars/Marks/Tattoos (Location/Description)								Race								Sex								Date of Birth or Age								Height								Weight								Eye Color								Hair Color								Hair Length								Hair Style								Complexion								Build								Facial Hair								Teeth								Speech/Voice								Special Identifiers																							
Offense Indicator	Suspect Code	S-Status	A-Address	Code	Juvenile	Name (Last, First, Middle)	Place of Birth																																																																																																																																																																																																																																																																																													
1. #1	1. Both	1. Suspect	1. Address	1. Code	1. Juvenile	[Redacted]	[Redacted]																																																																																																																																																																																																																																																																																													
2. #2	2. Both	2. Suspect	2. Address	2. Code	2. Juvenile	[Redacted]	[Redacted]																																																																																																																																																																																																																																																																																													
Maiden Name																																																																																																																																																																																																																																																																																																				
Last Known Address (Street, Apt. Number)																																																																																																																																																																																																																																																																																																				
City																																																																																																																																																																																																																																																																																																				
State																																																																																																																																																																																																																																																																																																				
Zip																																																																																																																																																																																																																																																																																																				
Occupation																																																																																																																																																																																																																																																																																																				
Employer/School																																																																																																																																																																																																																																																																																																				
Address																																																																																																																																																																																																																																																																																																				
Social Security Number																																																																																																																																																																																																																																																																																																				
Driver's License State/Number																																																																																																																																																																																																																																																																																																				
Immigration and Naturalization Number																																																																																																																																																																																																																																																																																																				
Other ID Number																																																																																																																																																																																																																																																																																																				
OBTS Number (Arrested)																																																																																																																																																																																																																																																																																																				
FOC/MOC																																																																																																																																																																																																																																																																																																				
Clothing (Describe)																																																																																																																																																																																																																																																																																																				
Scars/Marks/Tattoos (Location/Description)																																																																																																																																																																																																																																																																																																				
Race																																																																																																																																																																																																																																																																																																				
Sex																																																																																																																																																																																																																																																																																																				
Date of Birth or Age																																																																																																																																																																																																																																																																																																				
Height																																																																																																																																																																																																																																																																																																				
Weight																																																																																																																																																																																																																																																																																																				
Eye Color																																																																																																																																																																																																																																																																																																				
Hair Color																																																																																																																																																																																																																																																																																																				
Hair Length																																																																																																																																																																																																																																																																																																				
Hair Style																																																																																																																																																																																																																																																																																																				
Complexion																																																																																																																																																																																																																																																																																																				
Build																																																																																																																																																																																																																																																																																																				
Facial Hair																																																																																																																																																																																																																																																																																																				
Teeth																																																																																																																																																																																																																																																																																																				
Speech/Voice																																																																																																																																																																																																																																																																																																				
Special Identifiers																																																																																																																																																																																																																																																																																																				
MISSED PERSONS	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">Incident Type</td> <td style="width:15%;">1. Disaster</td> <td style="width:15%;">2. Fire</td> <td style="width:15%;">3. Missing Person</td> <td style="width:15%;">4. Missing Person</td> <td style="width:15%;">5. Missing Person</td> <td style="width:15%;">6. Missing Person</td> <td style="width:15%;">7. Missing Person</td> </tr> <tr> <td>1. Runaway</td> <td>1. Disaster</td> <td>2. Fire</td> <td>3. Missing Person</td> <td>4. Missing Person</td> <td>5. Missing Person</td> <td>6. Missing Person</td> <td>7. Missing Person</td> </tr> <tr> <td>2. Unsubstantiated</td> <td>2. Fire</td> <td>3. Missing Person</td> <td>4. Missing Person</td> <td>5. Missing Person</td> <td>6. Missing Person</td> <td>7. Missing Person</td> <td>8. Missing Person</td> </tr> <tr> <td>3. Involuntary</td> <td>3. Missing Person</td> <td>4. Missing Person</td> <td>5. Missing Person</td> <td>6. Missing Person</td> <td>7. Missing Person</td> <td>8. Missing Person</td> <td>9. Missing Person</td> </tr> <tr> <td>4. Choking</td> <td>4. Missing Person</td> <td>5. Missing Person</td> <td>6. Missing Person</td> <td>7. Missing Person</td> <td>8. Missing Person</td> <td>9. Missing Person</td> <td>10. Missing Person</td> </tr> <tr> <td>5. Endangered</td> <td>5. Missing Person</td> <td>6. Missing Person</td> <td>7. Missing Person</td> <td>8. Missing Person</td> <td>9. Missing Person</td> <td>10. Missing Person</td> <td>11. Missing Person</td> </tr> <tr> <td colspan="8">Date Last Seen</td> </tr> <tr> <td colspan="8">Time Last Seen</td> </tr> <tr> <td colspan="8">Location Last Seen (Address, City, St.)</td> </tr> <tr> <td colspan="8">Mental/Physical Condition</td> </tr> <tr> <td colspan="8">Medication Required/Type</td> </tr> <tr> <td colspan="8">Dental/Dental (Name, Phone Number)</td> </tr> <tr> <td colspan="8">Property Carried</td> </tr> <tr> <td colspan="8">ID Type/Number</td> </tr> <tr> <td colspan="8">ID Type/Number</td> </tr> <tr> <td colspan="8">Previous Occupation</td> </tr> <tr> <td colspan="8">Name/Address</td> </tr> <tr> <td colspan="8">Transportation Mode</td> </tr> <tr> <td colspan="8">Recovery Information</td> </tr> <tr> <td colspan="8">0. N/A</td> </tr> <tr> <td colspan="8">1. Voluntary</td> </tr> <tr> <td colspan="8">2. Located - Not Returned</td> </tr> <tr> <td colspan="8">3. Hospitalized</td> </tr> <tr> <td colspan="8">4. Held Custody</td> </tr> <tr> <td colspan="8">5. Law Enforcement Custody</td> </tr> <tr> <td colspan="8">6. Returned to Parent</td> </tr> <tr> <td colspan="8">7. Deceased</td> </tr> <tr> <td colspan="8">8. Other</td> </tr> <tr> <td colspan="8">Offense(s) Reported</td> </tr> <tr> <td colspan="8">Offense Reviewing (if Applicable)</td> </tr> <tr> <td colspan="8">ID Number</td> </tr> <tr> <td colspan="8">Reported To</td> </tr> <tr> <td colspan="8">Reviewed To</td> </tr> <tr> <td colspan="8">Assigned To</td> </tr> <tr> <td colspan="8">By</td> </tr> <tr> <td colspan="8">Date</td> </tr> </table>				Incident Type	1. Disaster	2. Fire	3. Missing Person	4. Missing Person	5. Missing Person	6. Missing Person	7. Missing Person	1. Runaway	1. Disaster	2. Fire	3. Missing Person	4. Missing Person	5. Missing Person	6. Missing Person	7. Missing Person	2. Unsubstantiated	2. Fire	3. Missing Person	4. Missing Person	5. Missing Person	6. Missing Person	7. Missing Person	8. Missing Person	3. Involuntary	3. Missing Person	4. Missing Person	5. Missing Person	6. Missing Person	7. Missing Person	8. Missing Person	9. Missing Person	4. Choking	4. Missing Person	5. Missing Person	6. Missing Person	7. Missing Person	8. Missing Person	9. Missing Person	10. Missing Person	5. Endangered	5. Missing Person	6. Missing Person	7. Missing Person	8. Missing Person	9. Missing Person	10. Missing Person	11. Missing Person	Date Last Seen								Time Last Seen								Location Last Seen (Address, City, St.)								Mental/Physical Condition								Medication Required/Type								Dental/Dental (Name, Phone Number)								Property Carried								ID Type/Number								ID Type/Number								Previous Occupation								Name/Address								Transportation Mode								Recovery Information								0. N/A								1. Voluntary								2. Located - Not Returned								3. Hospitalized								4. Held Custody								5. Law Enforcement Custody								6. Returned to Parent								7. Deceased								8. Other								Offense(s) Reported								Offense Reviewing (if Applicable)								ID Number								Reported To								Reviewed To								Assigned To								By								Date							
Incident Type	1. Disaster	2. Fire	3. Missing Person	4. Missing Person	5. Missing Person	6. Missing Person	7. Missing Person																																																																																																																																																																																																																																																																																													
1. Runaway	1. Disaster	2. Fire	3. Missing Person	4. Missing Person	5. Missing Person	6. Missing Person	7. Missing Person																																																																																																																																																																																																																																																																																													
2. Unsubstantiated	2. Fire	3. Missing Person	4. Missing Person	5. Missing Person	6. Missing Person	7. Missing Person	8. Missing Person																																																																																																																																																																																																																																																																																													
3. Involuntary	3. Missing Person	4. Missing Person	5. Missing Person	6. Missing Person	7. Missing Person	8. Missing Person	9. Missing Person																																																																																																																																																																																																																																																																																													
4. Choking	4. Missing Person	5. Missing Person	6. Missing Person	7. Missing Person	8. Missing Person	9. Missing Person	10. Missing Person																																																																																																																																																																																																																																																																																													
5. Endangered	5. Missing Person	6. Missing Person	7. Missing Person	8. Missing Person	9. Missing Person	10. Missing Person	11. Missing Person																																																																																																																																																																																																																																																																																													
Date Last Seen																																																																																																																																																																																																																																																																																																				
Time Last Seen																																																																																																																																																																																																																																																																																																				
Location Last Seen (Address, City, St.)																																																																																																																																																																																																																																																																																																				
Mental/Physical Condition																																																																																																																																																																																																																																																																																																				
Medication Required/Type																																																																																																																																																																																																																																																																																																				
Dental/Dental (Name, Phone Number)																																																																																																																																																																																																																																																																																																				
Property Carried																																																																																																																																																																																																																																																																																																				
ID Type/Number																																																																																																																																																																																																																																																																																																				
ID Type/Number																																																																																																																																																																																																																																																																																																				
Previous Occupation																																																																																																																																																																																																																																																																																																				
Name/Address																																																																																																																																																																																																																																																																																																				
Transportation Mode																																																																																																																																																																																																																																																																																																				
Recovery Information																																																																																																																																																																																																																																																																																																				
0. N/A																																																																																																																																																																																																																																																																																																				
1. Voluntary																																																																																																																																																																																																																																																																																																				
2. Located - Not Returned																																																																																																																																																																																																																																																																																																				
3. Hospitalized																																																																																																																																																																																																																																																																																																				
4. Held Custody																																																																																																																																																																																																																																																																																																				
5. Law Enforcement Custody																																																																																																																																																																																																																																																																																																				
6. Returned to Parent																																																																																																																																																																																																																																																																																																				
7. Deceased																																																																																																																																																																																																																																																																																																				
8. Other																																																																																																																																																																																																																																																																																																				
Offense(s) Reported																																																																																																																																																																																																																																																																																																				
Offense Reviewing (if Applicable)																																																																																																																																																																																																																																																																																																				
ID Number																																																																																																																																																																																																																																																																																																				
Reported To																																																																																																																																																																																																																																																																																																				
Reviewed To																																																																																																																																																																																																																																																																																																				
Assigned To																																																																																																																																																																																																																																																																																																				
By																																																																																																																																																																																																																																																																																																				
Date																																																																																																																																																																																																																																																																																																				

PERSON(S) REPORT

Agency Name: MARION CO. SHERIFF'S DEPT. Agency Report Number: 33806

Agency ORF Number: 4 2 0 0 0 0

Victim Information: Victim Name: [Redacted], Date of Birth: [Redacted], Sex: [Redacted], Race: [Redacted], Religion: [Redacted], Marital Status: [Redacted], Residence Status: [Redacted], Extent of Injury: [Redacted]

Offense Information: Offense Number: [Redacted], Offense Date: [Redacted], Offense Time: [Redacted], Offense Location: [Redacted], Offense Description: [Redacted]

Investigative Information: Investigative Officer: [Redacted], Investigative Date: [Redacted], Investigative Time: [Redacted], Investigative Location: [Redacted]

Subject Information: Subject Name: [Redacted], Subject Date of Birth: [Redacted], Subject Sex: [Redacted], Subject Race: [Redacted], Subject Religion: [Redacted], Subject Marital Status: [Redacted], Subject Residence Status: [Redacted], Subject Extent of Injury: [Redacted]

Administrative Information: Administrative Officer: [Redacted], Administrative Date: [Redacted], Administrative Time: [Redacted], Administrative Location: [Redacted]

CONF028323

MARCH 30, 1988

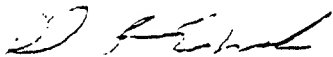
STATEMENT OF PAUL F. EBERSBACH REGARDING INCIDENT BY
JOEL RAULERSON

On January 15-17 Scouts and leaders of Troop 156, Avon Park, took a backpacking trip to the Ocala National Forest. Late Sunday evening, after our return, I received a phone call from one of our Scouts (who did not go on the trip) informing me that Joel Raulerson, who went, admitted to him that he had molested one of the boys while on the trip. Mr. Raulerson had admitted to a history of problems of this sort and was very despondent. Two days later I talked to another father who went on the trip and he told me that Mr. Raulerson came to his house, also admitting this, but when asked, denied that the second father's son had been involved. However, the boy, when questioned by his father, stated that Mr. Raulerson had, in fact, tried to molest him Friday night.

The Scout who had been molested told his parents about the incident and his parents contacted a lawyer and the HRS. They later contacted the Sheriff's office in the county where the incident occurred.

Several days later Joel Raulerson apparently attempted suicide and was admitted to a hospital in Winter Haven. Shortly after that he was arrested and, as far as I know, is presently in jail in Marion County.

The parents of the boys involved have indicated that they in no way feel that the BSA is involved in the incident and they do not intend to involve the troop or council. Both boys remain active in the troop.



PAUL F. EBERSBACH
Scoutmaster, Troop 156
Avon Park

CONF028324

January 19, 1988

STATEMENT BY [REDACTED] ON APPARENT INCIDENT BY JOEL RAULERSON

Received phone call from [REDACTED] related to above.

[REDACTED] asked Mark to have Louis LeBlanc document what had happened.

Mark Griffin to followup with securing copy of police report.

Mark Griffin to select volunteer and, along with Louis LeBlanc, establish date and time for personal delivery of letter to Joel Raulerson, asking him to resign from the Boy Scouts of America.

After above has been completed, T.R.D. to submit information to national B.S.A. for Confidential File.

[REDACTED]

Joel Raulerson came to my house on the afternoon of January the 16th and told me how he had molested [REDACTED] during the campout on the past weekend. He said he needed someone to talk to, we had always been close friends, but I never knew about his attraction to young boys. He told me he had previous convictions involving the same problem and he was scared and did not know what to do.

That night around 3pm I called the [REDACTED] the parents of [REDACTED] they would only talk to me and would not speak to Mr. Raulerson. They said they had a scared child. They told me to stay away from Mr. Raulerson and that he was dangerous. They said I shouldn't get involved and let him put me in a bad position.

Went to [REDACTED] to tell him the story. While there, the [REDACTED] called to talk to his son [REDACTED]. They also said they would call me back at my house to set up a meeting, which they never did. Called [REDACTED] told me to tell Mr. Raulerson to get away from me. He also said that the Marion County Sherriff have been notified, since that was where the camp out was.

Drove Mr. Raulerson to his Attorney, where he told him what had happened and got his advice. Took Mr. Raulerson home then he became suicidal. Left his house when he finally calmed down.

Called [REDACTED] at around 1am that morning to tell him what had happened. The next afternoon I called [REDACTED] the District Executive.

Mike Roth called around 4pm Tuesday January 19 and told me that Mr. Joel Raulerson had molested [REDACTED] on the Troop 156 campout last weekend, January 15 - 17. He said the police in Marion County had been notified, along with the parents. The man has contacted his attorney.

I was later told that Mr. Raulerson had shared a sleeping bag with the boy one night. He later tried to contact the boy at home, but the parents wouldn't allow him to see the boy.

I contacted Mark Griffin, who told me to write down everything that I knew about the situation and tell [REDACTED] and [REDACTED] to do the same.

Joel Raulerson is a committee member of
Pack 156 in Duon Park
his number is [REDACTED]